

CHARGE OF DISCRIMINATION <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To: Agency(ies) Charge No(s): <div style="display: flex; align-items: center;"> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC </div> 430-2019-02317	
and EEOC			
<small>State or local Agency, if any</small>			
Name (Indicate Mr., Ms., Mrs.) Ms. Jasmine Greene		Home Phone (incl. Area Code) REDACTED	Date of Birth REDACTED
Street Address REDACTED		City, State and ZIP Code REDACTED	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name Charlotte-Mecklenburg Schools		No. Employees, Members 500+	Phone No. (Include Area Code) 980-343-3000
Street Address 4420 Denver Ave		City, State and ZIP Code Charlotte, NC 28208	
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).) <div style="display: flex; flex-wrap: wrap;"> <div style="margin-right: 10px;"><input type="checkbox"/> RACE</div> <div style="margin-right: 10px;"><input type="checkbox"/> COLOR</div> <div style="margin-right: 10px;"><input type="checkbox"/> SEX</div> <div style="margin-right: 10px;"><input type="checkbox"/> RELIGION</div> <div style="margin-right: 10px;"><input type="checkbox"/> NATIONAL ORIGIN</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> RETALIATION</div> <div style="margin-right: 10px;"><input type="checkbox"/> AGE</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> DISABILITY</div> <div style="margin-right: 10px;"><input type="checkbox"/> GENETIC INFORMATION</div> <div style="margin-right: 10px;"><input type="checkbox"/> OTHER (Specify)</div> </div>		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 2018 6/1/2019 <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			
<p>1: Charlotte-Mecklenburg Schools (CMS) is subjecting me to disparate and discriminatory treatment based on my disability. Specifically, Human Resources is subjecting me to heightened scrutiny regarding my disability and demanded information unrelated to my disability. I requested reasonable accommodations of intermittent leave to attend medical appointments; which was denied. Additionally, following a leave of absence, CMS prevented me from returning to work without receiving unnecessary medical treatment that I do not require. CMS's failure to take corrective action effectively fosters the hostile environment in which I currently work.</p> <p>Statement of Discrimination: I believe I have been discriminated against because of my disability in violation of the Americans with Disabilities Act.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements Charlotte District Office	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT	
<div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 20px;"> <u>6/25/19</u> Date </div> <div style="text-align: center;"> <u>Jasmine Greene</u> Charging Party Signature </div> </div>		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	

EXHIBIT A